

# Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	I'm a write-in	Report Filed By (Mark X)	Candidate	<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Paige Van Wirt						
Street Address		42 W. Market St.						
City	Bethlehem	State	PA	Zip Code	18018			

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)			Year		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	8/20/17	8/24/17	
A. Amount Brought Forward From Last Report	\$	N/a	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	0	
D. Total Expenditures (From Schedule III)	\$	7093.24	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	-7093.24	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

**Affidavit Section**

Part 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.  
 I swear (or affirm) that this report, including the attached schedules on paper is to the best of my knowledge and belief true, correct and complete.

**SCHEDULE I**  
**Contributions and Receipts**  
Detailed Summary Page

<b>Filer Identification Number</b>			
<b>1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor</b>			
Total for the reporting period	(1)	\$	
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>			
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	
Total for the reporting period	(2)	\$	
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	
Total for the reporting period	(3)	\$	
<b>4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>			
Total for the reporting period	(4)	\$	
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	

PART A  
**Contributions Received From Political Committees**

§ 50.01 TO § 250.00

Use this Part to itemize only contributions received from Political Committees  
with an aggregate value from § 50.01 TO § 250.00 in the reporting period.

Filer Identification Number								Amount
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	
House #	Street Address					Date [MM/DD/YYYY]	\$	
City			State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	
House #	Street Address					Date [MM/DD/YYYY]	\$	
City			State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	
House #	Street Address					Date [MM/DD/YYYY]	\$	
City			State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	
House #	Street Address					Date [MM/DD/YYYY]	\$	
City			State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	
House #	Street Address					Date [MM/DD/YYYY]	\$	
City			State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	
House #	Street Address					Date [MM/DD/YYYY]	\$	
City			State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	
House #	Street Address					Date [MM/DD/YYYY]	\$	
City			State	Zip Code		Date [MM/DD/YYYY]	\$	

PART B  
**All Other Contributions**

§ 50.01 TO § 250

Use this Part to itemize all other contributions with an aggregate value from  
§ 50.01 TO § 250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

<b>Election Identification Number:</b>	
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<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>City</b>		<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>City</b>		<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>City</b>		<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>City</b>		<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>City</b>		<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>City</b>		<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>

**PART C**  
**Contributions Received From Political Committees**

Over \$ 250.00

Use this Part to itemize only contributions received from Political Committees  
with an aggregate value over \$ 250.00 in the reporting period.

<b>File Identification Number</b>	
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<b>Full Name of Contributing Committee</b>		<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>House #</b>	<b>Street Address</b>	<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>Full Name of Contributing Committee</b>		<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>House #</b>	<b>Street Address</b>	<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>Full Name of Contributing Committee</b>		<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>House #</b>	<b>Street Address</b>	<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>Full Name of Contributing Committee</b>		<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>House #</b>	<b>Street Address</b>	<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>Full Name of Contributing Committee</b>		<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>House #</b>	<b>Street Address</b>	<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>Full Name of Contributing Committee</b>		<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>House #</b>	<b>Street Address</b>	<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	

PART D  
**All Other Contributions**

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part C)

File No./Location Number:	
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Full Name of Contributor		Date [MM/DD/YYYY]	\$	
House #	Street Address	Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name		Occupation		
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor		Date [MM/DD/YYYY]	\$	
House #	Street Address	Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name		Occupation		
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor		Date [MM/DD/YYYY]	\$	
House #	Street Address	Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name		Occupation		
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor		Date [MM/DD/YYYY]	\$	
House #	Street Address	Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name		Occupation		
Employer Mailing Address / Principal Place of Business				

PART E  
**Other Receipts**

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Ref Identification Number					
Full Name					
House #	Street Address		City	State	Zip Code
Date [MM/DD/YYYY] \$					
Receipt Description					
Full Name					
House #	Street Address		City	State	Zip Code
Date [MM/DD/YYYY] \$					
Receipt Description					
Full Name					
House #	Street Address		City	State	Zip Code
Date [MM/DD/YYYY] \$					
Receipt Description					
Full Name					
House #	Street Address		City	State	Zip Code
Date [MM/DD/YYYY] \$					
Receipt Description					
Full Name					
House #	Street Address		City	State	Zip Code
Date [MM/DD/YYYY] \$					
Receipt Description					

SCHEDULE II

# IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD  
DETAILED SUMMARY PAGE

File Identification Number:	
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**1 UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$250.00 OR LESS PER CONTRIBUTOR OR**

TOTAL for the reporting period	(1)	\$	
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**2 IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$250.01 TO \$250.00 (FROM PART 1)**

TOTAL for the reporting period	(2)	\$	
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**3 IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART 1)**

TOTAL for the reporting period	(3)	\$	
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TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$	
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SCHEDULE II  
PART F  
**In-Kind Contributions Received**  
VALUE OF \$ 50.01 TO \$ 250

Election Identification Number:	
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Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code			Date [MM/DD/YYYY]
Description of Contribution					
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code			Date [MM/DD/YYYY]
Description of Contribution					
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code			Date [MM/DD/YYYY]
Description of Contribution					
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code			Date [MM/DD/YYYY]
Description of Contribution					
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code			Date [MM/DD/YYYY]
Description of Contribution					

SCHEDULE II  
Part G  
**In-Kind Contributions Received**  
VALUE OVER \$ 250

Election Identification Number:	
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Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address		Date [MM/DD/YYYY]		
City	State	Zip Code	Date [MM/DD/YYYY]		
Employer Name				Occupation	
Employer Mailing Address / Principal Place of Business				Description of Contribution	
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address		Date [MM/DD/YYYY]		
City	State	Zip Code	Date [MM/DD/YYYY]		
Employer Name				Occupation	
Employer Mailing Address / Principal Place of Business				Description of Contribution	
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address		Date [MM/DD/YYYY]		
City	State	Zip Code	Date [MM/DD/YYYY]		
Employer Name				Occupation	
Employer Mailing Address / Principal Place of Business				Description of Contribution	
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address		Date [MM/DD/YYYY]		
City	State	Zip Code	Date [MM/DD/YYYY]		
Employer Name				Occupation	
Employer Mailing Address / Principal Place of Business				Description of Contribution	

**SCHEDULE III**  
**Statement of Expenditures**

<b>Filer Identification Number:</b>	
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<b>To Whom Paid</b>		Kennedy Printing			<b>Date [MM/DD/YYYY]</b>	8/28/17	\$ 2098.44
<b>House #</b>	5534	<b>Street Address</b>	Baltimore Avenue		<b>Description of Expenditure</b>		
<b>City</b>	Philadelphia	<b>State</b>	PA	<b>Zip Code</b>	Yard signs, palm cards		
<b>To Whom Paid</b>		Kennedy Printing			<b>Date [MM/DD/YYYY]</b>	9/10/17	738.56
<b>House #</b>	5534	<b>Street Address</b>	Baltimore Avenue		<b>Description of Expenditure</b>		
<b>City</b>	Philadelphia	<b>State</b>	PA	<b>Zip Code</b>	Yard signs		
<b>To Whom Paid</b>		Xpressdocs			<b>Date [MM/DD/YYYY]</b>	10/22/17	1771.04
<b>House #</b>	4901	<b>Street Address</b>	N Beach St.		<b>Description of Expenditure</b>		
<b>City</b>	Fort Worth	<b>State</b>	TX	<b>Zip Code</b>	76137	Mailer services	
<b>To Whom Paid</b>		Magnets.com			<b>Date [MM/DD/YYYY]</b>	9/12/17	1100.00
<b>House #</b>	430	<b>Street Address</b>	Communipaw Avenue		<b>Description of Expenditure</b>		
<b>City</b>	Jersey City	<b>State</b>	NJ	<b>Zip Code</b>	07304	Door hangers, bumper stickers	
<b>To Whom Paid</b>		Staples			<b>Date [MM/DD/YYYY]</b>	10/1/17	378.85
<b>House #</b>	2138	<b>Street Address</b>	W Union Blvd		<b>Description of Expenditure</b>		
<b>City</b>	Bethlehem	<b>State</b>	PA	<b>Zip Code</b>	18018	Copies, pens, office supplies	
<b>To Whom Paid</b>		Wix.com			<b>Date [MM/DD/YYYY]</b>	10/10/17	330.00
<b>House #</b>	235	<b>Street Address</b>	W. 23rd st		<b>Description of Expenditure</b>		
<b>City</b>	New york	<b>State</b>	NY	<b>Zip Code</b>	Website hosting fee		
<b>To Whom Paid</b>		Concertpix.com			<b>Date [MM/DD/YYYY]</b>	10/15/17	50.00
<b>House #</b>	2420	<b>Street Address</b>	Henderson Place		<b>Description of Expenditure</b>		
<b>City</b>	Bethlehem	<b>State</b>	PA	<b>Zip Code</b>	18018	Photoservices	
<b>To Whom Paid</b>		Maria Lucy Designs LLC			<b>Date [MM/DD/YYYY]</b>	10/20/17	247.50
<b>House #</b>	8136	<b>Street Address</b>	Ashland Ct		<b>Description of Expenditure</b>		
<b>City</b>	Stanhope	<b>State</b>	NJ	<b>Zip Code</b>	07874	Design services	

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

File Identification Number:	
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Name of Creditor					Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]			
City	State	Zip Code			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]			
City	State	Zip Code			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]			
City	State	Zip Code			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]			
City	State	Zip Code			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]			
City	State	Zip Code			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]			
City	State	Zip Code			
Description of Debt					